

# EXHIBIT 8

Department of Veterans Affairs		COMPLAINT OF EMPLOYMENT DISCRIMINATION	
1. NAME (Last, first, middle initial) (Please print) Thomas, Larry D.		2. MAILING ADDRESS 3327 Lurceford St. Montgomery, Alabama 36108	
		3a. WORK TELEPHONE NUMBER (Include Area Code)	
		3b. HOME TELEPHONE NUMBER (Include Area Code) 334-240-0967	
4. ARE YOU: <input type="checkbox"/> A VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input checked="" type="checkbox"/> A FORMER VA EMPLOYEE		5a. JOB TITLE, SERIES AND GRADE 65-12 Vista Imaging Implementation Mgr 5b. SERVICE/SECTION/PRODUCT LINE Clinical Informatics	
		6. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED 215 Perry Hill Rd. Montgomery AL 36109	
INSTRUCTIONS: For each employment related matter that you believe was discriminatory you must list the bases (list one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), Sexual Orientation, National Origin (Specify), Age (Provide date of birth), Disability (Specify), and Reprisal for prior EEO activity or having opposed discrimination.			
7. BASIS	8. CLAIM(S) (What employment related claim(s) - personnel action(s), incident(s), or event(s), caused you to file this complaint? Briefly, describe what happened below. Use an additional sheet of paper if necessary.)		9. DATE OF OCCURRENCE (Include the most recent date(s))
Race	<p>① I was being charge with allegations without Senior management looking into the matter.</p> <p>② MR. Green &amp; Harold question if my certifications were Real.</p> <p>③ I was never given an office the whole time I work there, the first time I was at a folding table.</p> <p>④ The charges being made against me are false by St. Onge and it took them two days to produce this info AFTER my termination.</p>		<p>10/30/03</p> <p>9/25/03</p> <p>5/7/03</p> <p>4/20/04</p> <p>7/24/03</p>
10. REMEDIES SOUGHT Return to work with back pay and all leaves that was loss due to the cash payout and time I would have served if working. ② Compensatory for all punitive damages within the maximum of the law. ③ No retaliation against me from upper management or the VIGN.			
11a. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		11c. PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR REPRESENTATIVE	
12a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12b. NAME OF EEO COUNSELOR Thomas E. Allen	
		12c. DATE OF INITIAL CONTACT WITH ORM	
13. NOTE: If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (If more space is needed, use an additional sheet of paper.)			
14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14b. IF "YES," LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	
		15a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		15b. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED.	
16a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16b. IF "YES," PROVIDE THE NAME AND ADDRESS	
17. SIGNATURE OF COMPLAINANT (Do not print) Larry D. Thomas			18. DATE 7/6/04